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CENTRAL FAX CENTER****FEB 19 2008****FAX TRANSMISSION****DATE:** February 19, 2008**PTO IDENTIFIER:** Application Number 10/740,698-Conf. #3885
Patent Number**Inventor:** Signe E. Varner et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Lisa Swiszczy Hazzard**PHONE:** (617) 517-5512**Attorney Dkt. #:** 56086CON(71699)**PAGES (including Cover Sheet):** 37**CONTENTS:** Amendment (25 pages)
Replacement Drawings (Figs 1-7; 9 pages)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment Transmittal (1 page)
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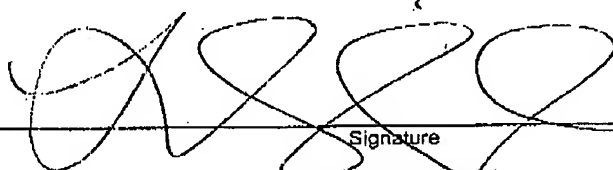
Application No. (if known): 10/740,698

Attorney Docket No.: 56086CON(71699)

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Amendment (25 pages)

Replacement Drawings (Figs 1-7; 9 pages)

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Facsimile Transmission Cover Sheet (1 page)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 56086CON(71699)	
Application No. 10/740,698-Conf. #3885		Filing Date December 19, 2003		Examiner B. Huh	
				Art Unit 3767	
Applicant(s): Signe E. Varner et al.					
Invention: IMPLANTABLE DEVICE FOR INTRAOCULAR DRUG DELIVERY					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	62	- 62 =		x	
Independent Claims	8	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify): Extension for response within second month					460.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					460.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>460.00</u>					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swisocz Hazard Attorney/Agent Reg. No.: 44,368				Dated: <u>February 19, 2008</u>	
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